

**DIRECT DISPENSING LOG – Veterinary Use Only**

BNE 060 (1/05)

Veterinarian/Dispenser Name: _____

Veterinary Lic.# _____

Address: _____

Telephone: _____

DEA #: _____

Date of Dispensing	Numeric Quantity		Drug Name	NDC Number		Strength of Rx
Client First Name	MI	Client Last Name		Client Date of Birth	Client Gender Code Male=1/Female=2	
Client Address			City	State	Zip	Animal Patient's Name

Date of Dispensing	Numeric Quantity		Drug Name	NDC Number		Strength of Rx
Client First Name	MI	Client Last Name		Client Date of Birth	Client Gender Code Male=1/Female=2	
Client Address			City	State	Zip	Animal Patient's Name

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Client First Name	MI	Client Last Name		Client Date of Birth	Client Gender Code Male=1/Female=2	
Client Address			City	State	Zip	Animal Patient's Name

Reporting Month/Year: ____/____

Date submitted: ____/____/____